



STATE OF MAINE
Department of Public Safety
Liquor Licensing
164 State House Station
Augusta, Maine
04333



BOTTLE CLUB REGISTRATION APPLICATION

\$50.00 – Check Payable: Treasurer State of Maine

PRESENT REGISTRATION EXPIRES _____

BUREAU USE ONLY

Reg. # assigned:
Deposit Date:
Amt. Deposited:
CK/Mo/Cash:

ALL QUESTIONS MUST BE ANSWERED IN FULL

Please Print Clearly

1. APPLICANT (S) -(Sole Proprietor, Corporation, Limited Liability Co. DOB: DOB: DOB: Address: City/Town State Zip Code Telephone Number Fax Number Federal I.D.#	2. Business Name (DBA) Location (Street Address) City/Town State Zip Code Mailing Address: City/Town State Zip Code Business Telephone Number Fax Number Sellers Certificate #
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3. Is applicant (s) a corporation? Yes () No ()
Questionnaire.

If **YES** complete Supplementary Corporate

4. Is applicant (s) a non-profit club? Yes () No ()
Questionnaire.

If **YES** complete Supplementary Club

5. Does applicant (s) own the premises? Yes () No () If **NO** give name and address of owner.

Name: _____

Address: _____ **Town/City:** _____

State _____ **Zip Code** _____

6. What are the regular days and hours your establishment is operated as a Bottle Club ?

Days: Sun Mon Tue Wed Thurs Fri Sat

Hours: _____

Office Located at CENTRAL MAINE COMMERCE CENTER 45 Commerce Drive Suite 1, AUGUSTA, ME 04330

(207) 624-7223 and 624-7224 Licensing and Inspections

(207) 287-3424 FAX

(207) 624-7230 Referrals and Training

7. List name, date of birth, place of birth for all applicants and managers. Give maiden name if married:

Name in full (Print Clearly)	DOB	Place of Birth

Residence address on all of the above for previous 5 years (Limit answer to city & State)

Use a separate sheet of paper if necessary.

8. Has applicant(s) or managers(s) ever been convicted of any violation of the law, other than minor traffic violations of any State of the United States? YES () NO ()

Name: _____ Date of conviction: _____

Offense: _____ Location: _____

Disposition: _____

9. Has any other person any interest, directly or indirectly, in your business? YES () NO ()

10. Has applicant(s) formerly held a Maine liquor license? YES () NO ()

NOTE: " I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the criminal code, punishable by confinement of up to one year or by monetary fine of up to \$2,000.00 or both.

Dated at: _____ on _____, 20____
City/ Town Day Year

Signature(s) of Applicant(s) or Corporate Officer(s) _____ Print Names of Applicant(s) or Corporate Officer(s) _____

STATE OF MAINE

Dated at: _____, Maine: _____ ss On: _____
City/Town County Date

The undersigned being: () Municipal Officers () County Commissioners of the
() City () Town () Plantation () Unincorporated Place of: _____, Maine

Hereby approve said application in accordance with provisions of Title 28-A, MRS Section 161A as amended.

Signature

Print

